

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90059 031 ***150.00

DOCUMENT # P98000082785 1. Entity Name BRIDGES TO NATURE, INC.			
Principal Place of Business 3197 S.E. MORNINGSIDE BLVD. PORT SAINT LUCIE, FL 34952		Mailing Address 3197 S.E. MORNINGSIDE BLVD. PORT SAINT LUCIE, FL 34952	
2. Principal Place of Business 1106 SE Strathmore Drive Suite, Apt. #, etc.		3. Mailing Address 1106 SE Strathmore Drive Suite, Apt. #, etc.	
City & State Port Saint Lucie, FL		City & State Port Saint Lucie, FL	
Zip 34952	Country USA	Zip 34952	Country USA
4. FEI Number 65-0868526		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GRIB, TRACY T STREET ADDRESS 3197 SE MORNINGSIDE BLVD CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE P NAME Geib, Tracy T STREET ADDRESS 1106 SE Strathmore Drive CITY-ST-ZIP Port Saint Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GEIB, TRACY T STREET ADDRESS 985 SOUTHEAST 19TH AVE - PENTHOUSE 4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Tracy T. Geib</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04-02-04	Daytime Phone # 772-335-3886